APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type::

REGULAR

Subject Matter::

UTILITY

CD-ROM or CD-R?::

NONE

Sequence Submission?::

PAPER

Title::

MYCOBACTERIAL PROTEINS,

MICROORGANISMS PRODUCING

THEM AND THEIR USE FOR

VACCINES AND FOR THE DETECTION

OF TUBERCULOSIS

Attorney Docket Number::

245865US

Total Drawing Sheets:

15

INVENTOR INFORMATION

Applicant Authority Type::

INVENTOR

Primary Citizenship Country::

FRANCE

Status::

FULL CAPACITY

Given Name::

Anne

Family Name::

LAQUEYRERIE

City of Residence::

Paris

Country of Residence::

France

Street of Mailing Address::

83, avenue de Breteuil

City of Mailing Address::

Paris

Country of Mailing Address::

France

Postal or Zip Code of Mailing Address::

75015

Applicant Authority Type::

INVENTOR France

Primary Citizenship Country:: Status::

FULL CAPACITY

Given Name::

Gilles

Given Name..

MARCHAL

Family Name::

.

City of Residence::

Ivry Sur Seine

Country of Residence::

France

Street of Mailing Address:: City of Mailing Address:: 4, rue Francisco Ferrer lvry Sur Seine

Country of Mailing Address::

France

Postal or Zip Code of Mailing Address::

94200

Page 1

Initial 11/25/03

Applicant Authority Type::

INVENTOR

Primary Citizenship Country::

France

Status::

FULL CAPACITY

Given Name::

Pascale

Family Name::

PESCHER

City of Residence::

Paris

Country of Residence::

France

Street of Mailing Address::

124, rue Damremont

City of Mailing Address::

Paris

Country of Mailing Address::

France

Postal or Zip Code of Mailing Address::

75018

Applicant Authority Type::

INVENTOR

Primary Citizenship Country::

France

Status::

FULL CAPACITY

Given Name::

Felix

Family Name::

ROMAIN

City of Residence::

Fontenay Les Briis

Country of Residence::

France

Street of Mailing Address::

49 bis, rue C.F. Dreyfus, Bel. Air

City of Mailing Address::

Fontenay Les Briis

Country of Mailing Address::

France

Postal or Zip Code of Mailing Address::

91640

CORRESPONDENCE INFORMATION

Correspondence Customer Number::

22850

REPRESENTATIVE INFORMATION

Representative Customer Number::

22850

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/985,372	11/02/01
09/985,372	Division of	09/599,366	06/21/00
09/599,366	Division of	09/132,528	08/11/98
09/132,528	Division of	08/641,356	04/30/96
08/641,356	Division of	08/382,184	02/01/95

ASSIGNMENT INFORMATION

Assignee Name:: INSTITUT PASTEUR
Street of Mailing Address:: 28 rue du Docteur Roux

City of Mailing Address:: Paris Cedex Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 75724